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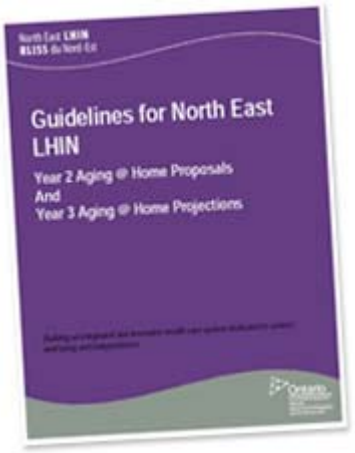
North East LHIN

e-Bulletin

Week of August 15, Volume 2, Number 15

Aging at Home, Year 2 – Guidelines for Proposals



The NE LHIN is inviting project proposals for Year 2 of the Aging at Home Strategy. The Strategy's goal is to reinforce community support services to allow seniors to live healthy, active and independent lives in their own homes longer.

The allocation of Year 2 funding ($6.3 million) will focus on projects that demonstrate innovation and/or integration. The NE LHIN will give special consideration to proposals that indicate providers joining forces to deliver a program and/or propose unique and creative methods of delivering the program. The NE LHIN is also requesting one comprehensive proposal from each of the region's seven planning areas that will include mainstream health service providers and partnerships with informal groups and organizations.

The deadline for proposal submissions is **October 31, 2008**.

Read more

Expression of Interest to Operate Nipissing District Aging at Home Van

The District of Nipissing has been allocated one van as part of the Aging at Home Strategy to provide transportation services to seniors.

In order to establish a transparent and fair decision making process for the use of this

vehicle, the Nipissing Health System CEO Round Table has requested the NELHIN to solicit an Expression of Interest (EOI) to all interested Community Support Service (CSS) providers within the Nipissing District who may be interested in providing this transportation service.

View expression of interest

Survey for "Health Expo and Aging at Home Innovations Showcase" Participants – Toronto, April 2008

If you, or someone you know, attended either the Health Expo in Toronto on April 22, 2008 or the Aging at Home Innovations Showcase on April 23, please take a few minutes to complete the following survey **by August 29**.

Fill out survey for expo participants

Notice of Call for Applications for 64 new Long-Term Care beds in the City of Timmins

The NE LHIN is inviting applications to build 64 new long-term care beds in the City of Timmins. The NE LHIN will work closely with the Ministry of Health and Long-term Care (MOHLTC) in the evaluation and recommendation of applications. A decision on the successful awardee(s) is expected early in 2009.

If you are interested in obtaining more information on the development of LTC beds, please visit www.health.gov.on.ca.

Next NE LHIN Board of Directors Open Meeting

The monthly open meeting of the NE LHIN Board of Directors will be held:
Thursday, August 28, 2008
9:00 am
NE LHIN, 555 Oak Street
North Bay

Toll-free teleconference number: 1-866-299-8690.

Agenda and meeting package will be posted on the NE LHIN website the week of August 25th.

View meeting documentation

Rotman School of Management Seeking Applicants "Advanced Health Leaders Program"

Applications for the third offering of the Advanced Health Leadership Program are now being accepted on a rolling basis.

The Advanced Health Leaders Program is an executive education program targeted at current and soon-to-be members of executive teams in the health system and is focused on the development of the next generation of Ontario's health leaders. It seeks to improve their understanding and skills in the areas of Leadership, the Management of Change, Emotional and Political Intelligence and Integrative Thinking.

Building on the success of the previous offerings, this program has been redesigned to reflect recent changes in the Ontario health system (e.g., the new Accountability Framework; establishment of the LHIN architecture; restructuring the CCAC network; establishment of the Health Quality Council; the new Stewardship model and the enhanced role of Public Health).

All participants will receive a substantial scholarship to the three- week program due to the generous support from the Ministry.

Details of the program, including course descriptions, dates and application instructions are available at http://ep.rotman.utoronto.ca/open/health_leadership/

Email Subscriptions to NE LHIN News and Information – Now Available

In June, 2008, we launched our new "My Subscriptions" section on our website. Now you can sign up to receive various email communications from the NE LHIN. The following subscriptions are currently available: e-Bulletins, newsletters and employment and RFPs.

Effective the first e-bulletin of September 2008, only individuals who have subscribed will continue to receive NE LHIN news.

Sign up today!

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Call for Expression of Interest (EOI)
To Own and Operate Aging at Home Van within Nipissing District

Preamble:
The District of Nipissing has been allocated one van as part of the Aging at Home (A@H) strategy to provide transportation services to seniors
In order to establish a transparent and fair decision making process toward the effective utilization of this vehicle, the Nipissing Health System Round Table requested the NELHIN to solicit an Expression of Interest (EOI) to all interested Community Support Service (CSS) Providers within the Nipissing District who may be interested in providing this service. MOHLTC has stipulated that A@H vans be owned by an approved CSS agency.
This call for EOI is restricted to all approved CSS agencies with a mandate to operate community support services within the District of Nipissing including the village of Callander.
Note: Ownership of the van is restricted to approved CSS agencies through an annualized funding agreement. However operation of van can be delegated to another group experienced in the delivery of transportation services, through an operating agreement with the approved CSS agency. Ownership could be transferred to another funded sector provider once that provider becomes an approved CSS agency contingent on the integrity of transportation program being maintained.

Respondent Information:

Contact	
Org. Name	
Address	
Telephone	
e-mail	

Project Name:
Aging at Home (A@H) Van for District of Nipissing

Nature of Project:
The Ministry of Health made as series of June 2008 official announcements about the purchase and distribution of 100 Dodge Caravans to facilitate and expand non-urgent transportation services for seniors across the province.

This A@H initiative has the priority focus of helping seniors get to medical appointments with the secondary focus on helping seniors access other health and support services to maintain dignity and independence of living.

All 100 vans are 2008 Dodge Grand Caravans. These are seven passenger mini van wagons and have standard options such as front bucket seats, ABS, air conditioning, and dual front air bags. These vans are not wheelchair accessible and retrofit costs will be the responsibility of the agency. These vans have been purchased through the Aging at Home Centralized Priority Fund and come with an annualized operating budget of $25,000 to cover all costs associated with the operation of the vehicle. The ministry recognizes that the operating funding may not be sufficient to cover all operating costs, particularly if an agency employs a paid driver. In keeping with the notion of innovation around the A@H strategy, agencies are asked to consider volunteers and others who could play an important role in providing these transportation services.

The District of Nipissing has been allocated 1 A@H van and the respondent to the EOI will detail how the van will be used according with the following information requirements.

Information Requirements:

a) Assessed Need (documented need for transportation eg; % seniors living alone, with family/spouse, rural & urban mix, % available adults 16+, parallel services, etc)

b) Target Population (sub-categories of seniors eg; frail elderly, medically complex, dementia, etc)

c) Eligibility Criteria (transportation for medical appointments, dialysis, adult day programming, social supports, shopping, etc)

d) Catchment Area (specific parts/routes within District to be served)

e) Frequency of Service/Schedule of Hours (Days and Hours of operation)

f) Service Fees (user fees to be illustrated in fee schedule according to distance traveled between locations)

g) Referral Process (description of referral and application review process)

h) Budget (line item costs with projected revenues, paid drivers/volunteer drivers, reimbursement rates, etc)

i) Performance Indicators (expected outcomes eg; % increase of one way trips for medical appointments, % clients report increased opportunities for health and social support programs % clients meeting eligibility etc)

j) Monitoring & Evaluation Processes (Procedures to be put in place to ensure that program objectives are being met with corrective action to be taken if required)

k) Complaint Processes (Procedures for handling client/agency complaints)

l) Risk Management Processes (Liability & insurance coverage for staff & volunteers, etc)

Collaboration:
Please describe how the respondent would collaborate with existing and new health service partners and other partners to achieve quality and efficiency of transportation program

Implementation Challenges:
Please describe the potential challenges and barriers the respondent may face in the implementation of a van transportation program such as recruitment, liability insurance, funding limitations, leveraging similar programs, etc

Alignment with Aging at Home Strategy:
Please identify how this program fulfills the goals of the Aging at Home strategy:

- Ensures access to a flexible continuum of services & supports
- Increases overall supply (range & quantity) of services to maintain seniors' health & independence
- Promotes wellness & prevention

Alignment with Innovation
Please identify how this program demonstrates innovation:

- Promotes integration/coordination of existing parallel services
- Aligns with informal & non-traditional partners
- Expands volunteer capacity
- Responds to cultural and linguistic diversity of seniors
- Creates employment opportunities for people who are unemployed or under or marginally employed, newcomers, immigrants
- Integrates an emerging or best practice from another jurisdiction or sector

Health System Sustainability:
Please describe how proposed program will result in efficiencies to the health care system such as reduced duplication of services, cost benefit collaborative budgeting, keeping seniors independent in their communities.

EOI Submission Deadline:
The deadline for submission of EOIs is **Friday September 12, 2008 @ 16:30 hours.**
The proposals will be evaluated by the Nipissing Health System Round Table on September 17, 2008.

The EOI document **should contain a maximum of 10 pages for text**

All EOI documents can be e-mailed to Frank McGoey at the NELHIN frank.mcgoey@lhins.on.ca

or they can be sent hard copy to

Frank McGoey
Consultant
North East Local Health Integration Network
555 Oak St. #rd Floor
North Bay, ON
P1B 8E3

Evaluation Criteria: (Criteria by which EOIs will be evaluated)
The Nipissing District Health System Round Table will review the EOI documents and recommend approval of the successful submission based on the following criteria.

LHIN Decision Criteria

Domain	Criteria	Definition/Description
Strategic Fit	Alignment with provider service role	Extent to which program/initiative is consistent with the provider's vision, mission, values and capacity, and extent to which there is alignment compared to other providers in the health system
	Alignment with Aging at Home strategy	Please identify how this proposal fulfills the goals of the Aging at Home Strategy • Ensures supportive home environments for senior • Provides opportunities for supportive social environments • Ensures access to a flexible continuum of services & supports • Increases overall supply (range & quantity) of services to maintain seniors' health & independence • Identifies innovative solutions to keep seniors healthy
Population Health	Health Status (clinical outcomes)	Extent to which program/initiative is expected to improve clinical outcomes for the patient/client, reduce risk of adverse events, and/or improve physical, mental or social quality of life, as compared to current practice/service. Determination as to whether there will be an impact should be based on evidence/best practice, where available.
	Potential Population Impact	Magnitude of disease/condition that will be directly impacted by the program/initiative as measured by prevalence (ie; number of individuals with the condition in the defined population at any given point in time) Determination as to whether there will be an impact should be based on evidence/best practice, where available
	Health promotion & disease prevention	Impact on illness/injury prevention and/or promotion of health and well being as measured by projected longer term improvements in health and/or service utilization reduction. Includes impacts on determinants of health. Determination as to whether there will be an impact should be based on evidence/best practice, where available.
System Values	Client Focus	Extent to which program/initiative is expected to meet the health needs of a defined population and the population in general, and the degree to which patients/clients are expected to have choice and satisfaction in the type and delivery of care.

	Partnership, Collaboration, and Integration	Degree to which appropriate level of partnership/collaboration and/or appropriateness of partnerships/collaborations will be achieved/leveraged in order in order to ensure service integration, quality enhancement, optimal resource use, minimal duplication, and/or increased coordination. (Role of partners should be explained, and partnerships should be evidenced by appropriate sign-off.)
	Project Scope	Number of people in the NE LHIN that will benefit from the project/initiative
	Community Engagement	Level of appropriate involvement of target population and other key stakeholders in defining the project and in developing the evaluation plan, with the expectation that this will improve aspects of population health and key system performance indicators
	Innovation	Impact on generation, transfer, and/or application of new knowledge to solve health or health system problems, including potential for broader scale implementation. Evidence of evaluation plan and application of best practices should be provided. Innovation includes new services as well as process redesign for existing services
	Equity	Improves the health status of recognized health populations (including geographic sub-populations) where there is a known health status gap between this specific population and the general population as compared to current practice/service; and/or promotes equitable access to health care through alignment of resources.
	Efficiency (operational)	Extent to which program/initiative contributes to efficient utilization of clinical, financial, and/or human resource capacity to optimize health and other benefits within the system. Includes achieving improved outcomes with same or less resources; reducing overuse, inappropriate use or waste; and exceeding benchmarks that are based on best practices. Assessment will be based on gains in efficiency
System Performance	Sustainability	Improves clinical, financial, and/or human resource capacity over time. Considers whether the initiative is viable and sustainable after the initial investment, and whether new resource capacity is created in the health system.
	Quality	Extent to which program/initiative improves appropriateness, effectiveness and client experience related to health service(s) provided, based on standards (including cultural standards) and best evidence for clinical care, and/or prevents system errors/failures.

Survey for Expo Participants

Exit this survey

1. Default Section

The Aging at Home strategy represents a significant investment on the part of the government to supporting seniors to remain in their homes for as long as possible. It reflects the wishes of Ontarians and demonstrates a shift in policy that responds to the changing needs of our aging population.

Informing key audiences, including health care and community partners and the general public, is important to ensuring acknowledgement of the initiative; increasing the understanding of the shift in health and social policy so that providers can align under a framework designed for an aging population; and most importantly to ensuring that Ontarians avail themselves of the services that will “keep them healthy and get them good care when they are ill”.

To that end, we are conducting this survey as one component of a scan of the Aging at Home communication strategies that have been utilized across the LHINs in order to develop recommendations to the Steering Committee regarding the promotion, marketing and messaging of initiatives. Particular emphasis is placed on those initiatives that are innovative.

We anticipate that this survey will take no more than 10 minutes. Thank you for taking the time to completing this survey by Aug 29th.

1. Please select the role that best describes your interest or involvement in Aging at Home.

- Health care professional involved or interested in seniors care
- Health care leader or administrator
- Community member
- Senior
- Caregiver
- Volunteer
- LHIN staff or board member
- LHIN lead on Aging at Home

- Representative of government ministry
- Presenter or workshop facilitator
- Other (please specify)

2. How did you first hear about the Aging at Home Initiative? (Choose one option only)

- Through work
- Through the media
- Through a friend
- Through a healthcare provider
- Through the LHIN
- Have not heard about it before now
- Other (please specify)

3. Did you attend the Aging at Home Innovations Showcase held in Toronto on April 23, 2008?

- Yes
- No

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